

HAWAII STATE ETHICS COMMISSION

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NOTE: This is a public document.

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LOBBYIST REGISTRATION FORM STATE OF HAWAII (Type or Print Clearly)

PARTI LOBBYIST NAME (Last) (Middle) TELEPHONE (First) HALAGAO, JR. **AVELINO** J MAILING ADDRESS (Street) FAX P.O. BOX 730 **EMAIL** (City) (State) (Zip Code) HONOLULU 96808-0730 HI EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) TELEPHONE MAILING ADDRESS (Street) FAX **EMAIL** (City) (State) (Zip Code)

PART II	ORGANIZATION			
NAME OF C	RGANIZATION YOU LOBBY FOR (Do not abb	TELEPHONE		
HAWAIIA	AN ELECTRIC INDUSTRIES, INC.			
MAILING ADDRESS (Street)			FAX	
P.O. BOX 730			EMAIL	
(City) (Sta	ite)	(Zip Code)	
HONOLU	JLU HI		96808-0730	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE	
A.J. Halagao			543-5889	
MAILING ADDRESS (Street)			FAX	
P.O. Box 730			EMAIL ajhalagao@hei.com	
(City) (Sta	ite)	(Zip Code)	
Honolulu	HI		96808-0730	

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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY						
☐ Agriculture	☐ Education	Human Services	Science, Technology & Economic Development			
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	C Tourism & Recreation			
Consumer Protection & Commerce	Hawaiian Affairs	√ Labor & Employment	Transportation			
Culture, Arts, Historic Preservation	Health	Planning, Land & WaterUse Management	Other: (indicate below)			
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections				
PART IV CERTIFICATION OF LOBBYIST						
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.						
aury 9, 2013						
	(Signature of Lobbyist)		(Date)			
	<u> </u>		(====)			
PART V AUTHORIZAT	TON TO LOBBY					
NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRES						
Chet A. Richardson	EVP, General Counsel, Secretary & CAO					
NAME OF ORGANIZATION (if	applicable)	7	ELEPHONE			
Hawaiian Electric Industries, Inc.						
MAILING ADDRESS (Street)			AX			
P.O. Box 730		E	EMAIL			
(City)	(State)		(Zip Code)			
Honolulu	н		96808-0730			
I hereby authorize th	e above - named person to er	ngage in lobbying activities on .	behalf of the undersigned.			

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(Signature of Authorizing Officer or Person Represented)

(Date)